

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working for Maryland</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00614610
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Conservative Intel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>190 Monroe Ave NW #500</b>		Amount <b>500.00</b>	
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503</b>	Transaction ID : <b>SE.4110</b>
Purpose of Expenditure <b>Online Ads</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 23 / 2016</b>	
Name of Federal Candidate <b>CHRYSOVALANTIS P KEFALAS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought <b>15500.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Google Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>1500 Amphitheatre Pkwy</b>		Amount <b>2500.00</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.4109</b>
Purpose of Expenditure <b>Online Ads</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 23 / 2016</b>	
Name of Federal Candidate <b>CHRYSOVALANTIS P KEFALAS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought <b>18000.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kate Lind

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 23 / 2016**

Signature